U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

Name Ronald

City

1. File Number U - 17055

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Street 1295 Livingston Avenue

North Brunswick

State New Jersey

5. Position in labor organization.

Bulvanoski

Teacher

ZIP Code + 4 08902

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civ! penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

City

2. Fiscal Year Covered From

1 / 1 / 2004 Through: 12 / 31 / 2004

Name Int'l Brotherhood of Elec Workers Local #456

ZIP Code + 4 08902

4. Name, file number, and address of labor organization.

Labor Organization File Number 001-110

P.O. Box, Building and Room Number, if any

Street 1295 Livingston Avenue

North Brunswick

State New Jersey

		our spouse or minor child directly or indirectly had any of the following into he exclusions set forth in the instructions):	
A. Held an interest in, monetary value from a	engaged in transactions (including loans) w an employer whose employees your orga	vith, or derived income or other economic benefit of anization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		7.b. Amount.	
Street			
City			
State	ZIP Code + 4		
		Signature	
submitted in this repor	rification. The undersigned declares, under per t (including the information contained in any accu- dge and belief, true, correct, and complete. (See	nalty of Perjury and other applicable penaities of the law, that all of the info companying documents), has been examined by the signatory and is, to the e the section on penalties in the instructions.)	rmation best of the
Signed	July Selling	On <u>8-13-65</u> 732-606-92  Date Telephone Number	27_

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	a. Labor Organization  X b. Trust	
Street	c. Employer	
State ZIP Code + 4		
10 If 9.b. or 9.c. is checked give trust or employer's name.  Name IBEW Local Union #456 Electrical JATC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.	
Street 1295 Livingston Avenue	11.b. Approximate dollar value of such dealing.	
City North Brunswick  State New Jersey ZIP Code + 4 08902	12.a. Nature of interest held or income received.  Reimbursement of expenses incurred in connection with attendance at educational conference.	
	12.b. Amount. \$4,746	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			14.a. Nature of payment.		
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State	ZIP Code + 4				
13.b. Is the Business an Employer	or Consultant ?	<b>&gt;</b>	14.b. Amount of payment.		